WASTEWATER SYSTEM DESIGN CRITERIA

Date:	**Requested Response Time:**

Contact	**Customer/Contact:**
Address:	Project Name:
	Address:
E-Mail:	
Tel: Fax:	

Application / Description:	☐ Residential	☐ Commercial	☐ Industrial	☐ Institutional	☐ School	☐ Other
Provide relevant details:						
Type of Collection System:	☐ Gravity	☐ Grinder Pumps	☐ S.T.E.P.	☐ Pump Stations	☐ S.T.E.G	☐ Other
Type of Disposal System:	☐ Stream	☐ Conventional Leach Field		☐ Drip Disposal	☐ Spray	☐ Other

Wastewater Flow Calculations: (Please show calculations that are basis of the design).	
Design Flow:	
Actual Daily Flow:	
Maximum Daily Flow:	
Peak Hourly Flow or peaking factor (please specify):	

INFLUENT DATA

Seasonal Flows: ☐ Y ☐ N when?

Will low flow devices be utilized?: ☐ Y ☐ N

Will garbage disposal/grinders be utilized?: ☐ Y ☐ N

Wastewater Temperature (10^{o} C assumed unless specified):

Site Elevation (feet above sea level):

Parameter	Raw	Settled	
pH:			
BOD_5:			
COD:			
TSS:			
TKN:			
Alkalinity:			
Ammonia-N:			
Oil & Grease (are traps included?):			
Phosphorus:			
Other:			

Aqua Tech Systems LLC Representative: Date:

EFFLUENT REQUIREMENTS

Please specify $CBOD_5$ for organic load when allowed

pH:		
$CBOD_5$:		
BOD_5:		
COD:		
TSS:		
Ammonia-N:		
Nitrate-N:		
Total Nitrogen:		
Oil & Grease:		
Phosphorus:		
Fecal Coliform:		
Dissolved Oxygen:		
Turbidity:		
Other:		

Please enter any pertinent information relative to this project

Engineer Signature: Date:

IMPORTANT: *The information provided by you on this form will be relied upon by Aqua Tech Systems LLC in determining project specifications and pricing. Accordingly, all such information must be complete and accurate and any fact or circumstance that comes to your attention after the date hereof that may in any way render any information contained herein incomplete or inacurate must be brought to the attention of Aqua Tech Systems LLC immediately.*